



APPLICATION PROVIDED TO SHEET METAL SYSTEMS BOARD: \_\_\_\_\_  
*For internal purposes only*

CITY OF ALLENTOWN ORDINANCE # 1710

PLEASE PRINT OR TYPE CLEARLY

**PICK ONE EXAM DATE AND PLACE AN "X" IN THE BOX TO THE RIGHT OF THE DATE**

APPLICATION DEADLINE: Friday, January 30, 2015 EXAM: Friday, February 13, 2015		APPLICATION DEADLINE: Friday, July 31, 2015 EXAM: Friday, August 14, 2015	
APPLICATION DEADLINE: Friday, April 24, 2015 EXAM: Saturday, May 09, 2015		APPLICATION DEADLINE: Friday, October 30, 2015 EXAM: Saturday, November 14, 2015	

LICENSE NUMBER: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

ATTACH PROOF OF ENROLLMENT IN AN APPRENTICE PROGRAM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**CERTIFICATION TYPE**

*PLACE AN "X" ON THE LINE NEXT TO THE TYPE OF CERTIFICATION FOR WHICH YOU ARE APPLYING  
CERTIFICATION FEES ARE NON-REFUNDABLE WITHOUT SHEET METAL LICENSING BOARD APPROVAL*

SHEET METAL SYSTEMS TECHNICIAN LICENSE: \_\_\_\_\_ \$180.00

SHEET METAL SYSTEMS APPRENTICE PERMIT: \_\_\_\_\_ \$90.00

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**OTHER CURRENT SHEET METAL SYSTEM LICENSES HELD**

*IF ADDITIONAL SPACE IS NEEDED, ATTACH A SHEET TO THE APPLICATION*

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**IMPORTANT: Before a permit can be issued,** the applicant shall furnish a Certificate of Insurance (Workmen's Compensation, Bodily Injury, Property Damage), unless a Certificate of Insurance is currently on file with the City of Allentown, Bureau of Building Standards and Safety.

**EDUCATION**

*IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION*

**HIGH SCHOOL:** \_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_

**TECHNICAL SCHOOL/S:** \_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_

\_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_

**PRACTICAL EXPERIENCE AND/OR APPRENTICE PROGRAMS:** \_\_\_\_\_

\_\_\_\_\_

**APPLICATION STATEMENT**

**I WILL ABIDE BY ALL CODES AND ORDINANCES OF THE CITY OF ALLENTOWN**

**If granted a Sheet Metal Systems License or Apprentice Permit under this application:**

- 1. I will NOT permit the use of my license by any other firm or person.**
- 2. I WILL file applications for permits according to the provisions of the State of Pennsylvania Uniform Construction Code, City of Allentown, PA.**

**THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**NOTARY**

**MAIL COMPLETED APPLICATION AND PAYMENT TO THIS ADDRESS**

**CITY OF ALLENTOWN, BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION  
435 HAMILTON STREET, ROOM 428  
ALLENTOWN, PA 18101-1699**

**Check or money order payable to the "CITY OF ALLENTOWN"**

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